



# City of Seattle

Department of Planning and Development  
www.seattle.gov/dpd

## DPD APPLICANT SERVICES CENTER

Location: 20<sup>th</sup> floor of Key Tower  
Address: 700 Fifth Avenue, Suite 2000  
Seattle, WA 98104-5070  
(206) 684-8850

### ASC COUNTER APPLICATION

☐ STFI ☐ Screening Intake ☐ Inspector Authorized\* ☐ Sprinkler only

Inspector: \_\_\_\_\_

#### THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Property Address: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

Building ID # \_\_\_\_\_ GIS Map # \_\_\_\_\_ Zoning: \_\_\_\_\_ Est. Value: \$ \_\_\_\_\_  
Permit P/U ☐ Mail ☐ ECA/ESA ☐ ECA Category # \_\_\_\_\_ Shoreline ☐ Historical ☐

1 set Location Plan ☐ Yes ☐ No  
2 sets Plot Plan ☐ Yes ☐ No  
2 sets Elevation Plan ☐ Yes ☐ No  
2 sets Floor Plan ☐ Yes ☐ No  
2 sets Structural Plans ☐ Yes ☐ No  
1 set Structural Calc's ☐ Yes ☐ No

DPD Value: \_\_\_\_\_  
Alterations: \$ \_\_\_\_\_  
Addition: \$ \_\_\_\_\_

#### PERMIT COST

Permit \$ \_\_\_\_\_  
Review \$ \_\_\_\_\_  
Demolition \$ \_\_\_\_\_  
Investigation \$ \_\_\_\_\_  
Site Inspection \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Bldg Surcharge \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Intake Staff (initials) \_\_\_\_\_ Date: \_\_\_\_\_  
Address Established (initials and okay) \_\_\_\_\_  
Addressing Records Worksheet Completed: \_\_\_\_\_ (date)

**TOTAL** \$ \_\_\_\_\_

#### THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this form):  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Lessee \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relocation Exempt: ☐ Owner Occupied ☐ No Residential Tenant Displacement

#### I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (PLEASE PRINT) \_\_\_\_\_

Relationship to Project (CHECK ONE)

☐ Owner ☐ Lessee ☐ Licensed Architect ☐ Licensed Engineer ☐ Owner's Agent ☐ Contractor

**Agent Statement:** I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: \_\_\_\_\_

\* All permits are subject to review and approval by DPD staff for compliance with zoning, ECA and other Land Use Code requirements

**DPD Use Only**

**Project No.:**

**PLAN TYPE:**

<input type="checkbox"/>	(AR)	New Multi Family	<input type="checkbox"/>	(SC)	New Single Family with ADU
<input type="checkbox"/>	(CI)	Commercial STFI	<input type="checkbox"/>	(SE)	Expedited Single Family-no outside routing
<input type="checkbox"/>	(CE)	Expedited Commercial-no outside routing	<input type="checkbox"/>	(SF)	New Single Family Fast Track
<input type="checkbox"/>	(CP)	Expedited Commercial-with outside routing	<input type="checkbox"/>	(SI)	Single Family STFI
<input type="checkbox"/>	(CX)	Commercial Addition / Alt. Routed	<input type="checkbox"/>	(SP)	Expedited Single Family with outside routing
<input type="checkbox"/>	(GR)	Grading Only	<input type="checkbox"/>	(SR)	New Single Family
<input type="checkbox"/>	(LO)	Establish Use for the Record	<input type="checkbox"/>	(SX)	Single Family Addition / Alteration routed
<input type="checkbox"/>	(NR)	New Commercial I / Mixed Use	<input type="checkbox"/>	(SB)	New ADU in Existing Single Family

**ROUTING LOCATIONS:**

<b>Req</b>	<b>Code</b>	<b>Location</b>	<b>Req</b>	<b>Code</b>	<b>Location</b>
<input type="checkbox"/>	E/M	Energy / Mechanical (non single family)	<input type="checkbox"/>	PP	Plot Plan (SPU)
<input type="checkbox"/>	OE	Engineering Only – Ordinance / Structural	<input type="checkbox"/>	QD	Quick Drainage
<input type="checkbox"/>	HE	Health	<input type="checkbox"/>	QF	Quick Fire
<input type="checkbox"/>	OS	Ordinance / Structural	<input checked="" type="checkbox"/>	SC-B	Screener Bldg _____ initials
<input type="checkbox"/>	OIN	OTC Intake	<input checked="" type="checkbox"/>	SC-Z	Screener LU _____ initials
<input type="checkbox"/>	OP	OTC Process	<input type="checkbox"/>	SO	Soils
<input type="checkbox"/>	OIS	OTC Issue	<input type="checkbox"/>	TRAO	TRAO
<input type="checkbox"/>	OO	OTC O/S Checklist	<input type="checkbox"/>	W	Water
<input type="checkbox"/>	OZ	OTC Zoning	<input type="checkbox"/>	Z	Zoning
<input checked="" type="checkbox"/>	Addr	Addressing	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Other	

### PROJECT INFORMATION:

Special Inspections:				New Certificate of Occupancy:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
IP Hours:				Sprinklers:				
Bldg ID	Use Per Land Use Code	Units Per Bldg	Const. Type	Occupancy	Type Occupancy	Stories	No. of Bsmt	Value Per Bldg
								\$
								\$
								\$
								\$
						<b>TOTAL</b>	\$	

**PROJECT DESCRIPTION:**

Project Type	

**COMMENTS:**